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## APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/694,100 10/20/2000 PAT 6,663,669  
 which claims benefit of 60/160,892 10/22/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

**\*\* 02/05/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged 				

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## TITLE

Ankle replacement system

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